

University of North Carolina at Pembroke

Voluntary Shared Leave Program Application Form

Section 1: To be completed by Employee. Please print or type. Incomplete forms will not be accepted. Please deliver/mail completed form to the Office of Human Resources, Lumbee Hall suite 347 or fax to 910-521-6553.

Employee's Name: _____ Banner ID #: _____

Work Location/Division/Unit: _____ Unit Phone#: _____

Work Unit Contact: _____ Supervisor: _____

VSL Requested for: Employee Immediate Family Member Relationship: _____

Would you like your Voluntary Shared Leave participation posted/ shared with on Campus? Yes No

Description of Medical Condition (Not to be disclosed to campus):

NOTE: The Medical Certification is attached to my family Medical Leave (FML) application which must be completed and submitted to HR with a doctor's statement containing the necessary information before this application will be considered.

I, _____, request participation in the Shared Leave Program due to the above mentioned medical condition. I hereby authorize the release of my request to participate for the purpose of receiving leave as prescribed by the Voluntary Shared Leave Program policy.

I understand that I may not force or coerce any individual into donating leave. The donation of leave under this program must be entirely voluntary. If the use of force or coercion is discovered, it will be viewed as unacceptable personal conduct. The employee and supervisor will be notified and discipline may be issued.

Employee's Signature Date

I certify that the employee's request for VSL has been approved by:

Immediate Supervisor's Approval Signature Date

Department Head's Approval Signature Date

Vice Chancellor's Approval Signature Date

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Section 2: To be completed by Office of Human Resources Authorized Official ONLY:

Approved Denied; Reason for Denial: _____

Office of Human Resources Authorized Official's Signature _____ Date _____

Last Day Worked: _____ LOA Date: _____ Leave Exhaustion Date: _____

Donation Period: From _____ To _____ FML designated: Yes No Applied for STD: Yes No

Balance as of: _____ VL: _____ SL: _____ BV: _____ Comp: _____

Leave Received: _____ Leave Used: _____ Leave Returned: _____